

January 31, 2017

VIA ELECTRONIC FILING

Marlene H. Dortch, Secretary Federal Communications Commission Office of the Secretary 9300 East Hampton Drive Capitol Heights, MD 20743

Re: Form 555 Filing of TracFone Wireless Inc., Docket: 11-42

Dear Ms. Dortch:

Attached is the FCC Form 555 Filing of TracFone Wireless Inc. for California. In accordance with the guidance provided by the Universal Service Administrative Company, TracFone provided the data populating Block A of the Form, and the remainder of the data was provided by the California Lifeline Administrator.

You may reach me at (305) 715-3613 if you have any questions.

Sincerely,

Stephen Athanson

Regulatory Counsel

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Annual Lifeline Eligible Telecommunications Carrier Certification Form

All carriers must complete all or portions of all sections
Form must be submitted to USAC and filed with the Federal Communications Commission

IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31st (Annually)

549028		143030103		
Study Area Code (SAC)		Service Provider Identification Number (SPIN) certification form for each SAC through which it provides Lifeline service).		
2016	CA	TracFone Wireless Inc.		
Recertification Year	State	ETC Name		
SAFELINK WIREL	ESS	TRACFONE WIRELESS INC.		
DBA, Marketing, or Other Branding Name (If same as ETC name, list "N/A" Do not leave blank)		Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)		
Does the reporting comp	any have affiliated ETCs?	Yes No No		
determined in accordance with S	Section 3(2) of the Communications A	using page 4 and additional sheets if necessary. Affiliation shall be let. That Section defines "affiliate" as "a person that (directly or indirectly) tership or control with, another person." 47 U.S.C. § 153(2). See also 47		
Affiliated ETC's SAC		Affiliated ETC's Name		
formation, or other similar laws (or partnership agreen	legal document. An officer is nent), and would typically be pro-	of a position listed in the article of incorporation, articles of a person who occupies a position specified in the corporate by- resident, vice president for operations, vice president for finance, er is a sole proprietorship, the owner must sign the certification.		
Section 1: Initial Cer	tification All ETCs must complete th	his section		
I certify that the company li	sted above has certification pro	cedures in place to:		
that, to the best of my	knowledge, the company was	station prior to enrolling a consumer in the Lifeline program, and a presented with documentation of each consumer's household her enrollment in Lifeline; and/or		
B) Confirm consumer elig Lifeline administrator pr	tibility by relying upon accession to enrolling a consumer in t	s to a state database and/or notice of eligibility from the state the Lifeline program.		
I am an officer of the comabove.	pany named above. I am autho	orized to make this certification for the Study Area Code listed		
Initial				

Section 2: **Annual Recertification**

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

A	В	С	D	E = (A - B - C - D)
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year (February data month)	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were initially enrolled in the current Form 555 calendar year (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.)	Number of subscribers de-enrolled <u>prior</u> to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
1,193	0	1,257	56,077	0

Recertification Results:

F	G	$\mathbf{H} = (\mathbf{F} \mathbf{-} \mathbf{G})$	I	$\mathbf{J} = (\mathbf{H} + \mathbf{I})$
Number of subscribers ETC contacted directly to recertify eligibility through attestation	Number of subscribers responding to ETC contact	Number of non- responding subscribers	Number of subscribers responding that they are no longer eligible (This should be a subset of Block G.)	Number of subscribers de- enrolled or scheduled to be de-enrolled as a result of non-response or response of ineligibility from ETC recertification attempt
0	0	0	0	0

K	L
Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC
59,067	59,406

Note: If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block E.

Certification:

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

A) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial JR

AND/OR

B) I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on: XEROX/CONDUENT

(List database or name of administrator here)

Results are provided in the chart above in Blocks K through L. I am an officer of the company named above. I am authorized to make this certification for the

SAC listed above.

Initial JR

OR

C) I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initia	
THE PERSON	

Section 3: De-enroll Percentage

Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

$\mathbf{M} = (\mathbf{F} + \mathbf{K})$	N = (J+L)	$O = ((N \div M) * 100)$
Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC (This should equal the number reported in Block E)	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of non-response or ineligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response
59,067	59,406	100.57%

Section 4: ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

Is the ETC subject to the non-usage requirements? Yes ☒ No ☐

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	768
June	3,639
July	7,764
August	10,345
September	19,683
October	27,229
November	24,354
December	0
Total Subscribers	93,782

Signature Block

	By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification
	procedures. I am an officer of the company named above. I am authorized to make this certification for the Study
	Area Code (SAC) listed above.
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Area Code (SAC) listed above.	octo. Tam addicined to make this certification for the study
Signed,	
Jan Dal	Sr. Officer, Alternative Business Units
Signature of Officer	Printed Name and Title of Officer
jrosado@tracfone.com	1/31/2017
Email Address of Officer	Date
Janet Morejon	305-715-6522
Person Completing This Certification Form	Contact Phone Number